RDec. 19. 2018 1:27PM STATE OF IOWA

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

No.	5390	Ρ. ΄

## FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

Indexed	office use only
Audited	
Checked	
Computer _	

DEPARTMENT	OR OFFICE	RECEIVING TH	IF GIFT	OR.	REQUEST:
DCPARIMENT	OK OFFICE	KECEIVING IF		UK	DEMOPOL:

Signature

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST	1				
IA Department of Human Rights	-				
Name of Department or Office	Moines IA 50319				
	City, State, Zip Code				
S15-281-3374 Area Code & Telephone No.					
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE					
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Kimberly Cheeks .					
Name ·	,				
Malling Address (if different from above)	City, State, Zlp (If different from above)				
kim.cheeks@lovvs.gov Email Address	Area Code & Telephone Number (if different from above)				
Lilidii Addiess	And and a foliaphone Hames in amount assets)				
DONOR OF GIFT OR BEQUEST:					
Neil B Fagan & Mark Doherty					
Name	(PL				
6808 Sharon Dr Urbandale, IA 50322					
Malling Address City, State, Zip Code	December 15, 2018 \$50.00				
515-556-0101	Date of Gift or Bequest Amount/Value*				
Area Code & Telephone Number					
faganneil@aol.com	*value is defined as "fair market value" of item as determined by receiving depertment or office. If no value mark "0,00".				
Email Address (optional) .					
Provide a description of the gift or bequest and purpose thereof:					
Donation - 2019 MLK Event - "I Have a Dream" to be	held in DSM 1/19/19				
Criteria to use this form:					
Receipt of any gift or bequest that is received by any department of the st	ate or received by the Governor on behalf of the state.				
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Statement of Affirmation:					
Wind outer Chaples					
ather unat the gift of bequest reported above assessment of the fair market value (if applicable) is correct and true to the b	e is accurate. I further affirm that the information concerning the donor and best of my knowledge.				
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1/4 N/ 1					
Kom Mulos	12/19/18 <i>b</i>				
Signature	Date				